

Complete this form when the chosen energy efficiency design compliance path requires a verified post construction airtightness test:

- Tiered prescriptive achieves points through Table 9.36.8.8., or
- Tiered performance has an air-leakage rate of less than 3.2 ACH@50 Pa.

Permit Number _____ Date (YY MM DD) _____

Re: Building Address: _____

Permit Scope: _____

Legal Address: Lot: _____

Block: _____

Plan: _____

Airtightness Declaration:

Input parameters:	Reference Value	Proposed Value	Actual
Airtightness (air changes per hour @ 50 Pa)			
Airtightness Design Units (circle one)	<input type="checkbox"/> ACH ₅₀	<input type="checkbox"/> NLA ₁₀	<input type="checkbox"/> NLR ₅₀
Zone Method (circle one)	<input type="checkbox"/> Guarded	<input type="checkbox"/> Unguarded	

Declaration	
Name: _____	Company: _____
Email: _____	Phone: _____
I certify that I am knowledgeable, experienced, and trained in the airtightness testing equipment and methodology. Testing has been completed in accordance with CAN/CGSB-149.10-M and meets or exceeds the expected results of the proposed model or design.	
Print Name _____	
Signature _____	Date _____

Completed certificates must be submitted to inspections@saskatoon.ca prior to scheduling a full occupancy inspection.